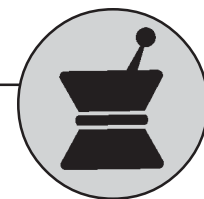


PRESCRIPTION DRUG PLAN - 2004



Administered by Eckerd Health Services (EHS) • 1-888-347-5329 • www.ehs.com

Retail Pharmacy Deductible

\$100/Member
\$300/Family

Out-of-Pocket Maximums

Each Prescription \$250
Each Member \$1,400/year
Each Family \$2,800/year

Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic If Rx cost is <\$10 If Rx cost is \$10+	• Actual pharmacy charges • 10% coinsurance (\$10 minimum)	• \$20 copay + 10% of cost over \$400*
Brand, Formulary If Rx cost is <\$18 If Rx cost is \$18+	• Actual pharmacy charges • 20% coinsurance (\$18 minimum)	• \$40 copay + 20% of cost over \$400*
Brand, Nonformulary If Rx cost is <\$26 If Rx cost is \$26+	• Actual pharmacy charges • 30% coinsurance (\$26 minimum)	• \$60 copay + 30% of cost over \$400*

* For prescriptions costing more than \$400 for a 90-day supply, call Eckerd Health Services to determine the total out-of-pocket cost.

GENERAL INFORMATION

WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for state employees. Any member enrolled in a medical insurance plan will automatically receive this plan, however, there is a one year waiting period for those employees new to State employment in 2004 unless a certificate reflecting previous prescription coverage is provided. There is no separate premium for this plan.

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy or a mail-order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. Prescriptions filled at a retail pharmacy are subject to a \$100 per person or \$300 per family deductible. Deductible does not apply to Multiple Sclerosis or compound drugs. If you use a pharmacy in the EHS Preferred Network and have met your deductible, you only pay the plan copay and any coinsurance. You will have no unallowed charges.

Network pharmacy listings can be found on pages 27-29 of this booklet and are subject to change.

Up to date network pharmacies can be found at the EHS web site: www.ehs.com.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions. Mail order pharmacies are: Express Pharmacy Services (1-888-347-5329) or Ridgeway Pharmacy (1-800-630-3214). Mail order forms are available at Employee Benefits or at the Eckerd Health Service Website at www.ehs.com.

PRESCRIPTION COSTS

Please refer to the chart above for information on prescription drug costs.

PRIOR AUTHORIZATIONS

Some drugs require prior or special authorization. Contact EHS to inquire if this may apply to your prescription.

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS at 1-888-347-5329.